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## What the doctors ordered: the early history of the London Hospital, 1740–78

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### Abstract

The planning, design and construction of a purpose-built home for the London Hospital spanned over thirty years. The surviving building (Fig.1) bears little resemblance to the plain, practical hospital built in open fields south of Whitechapel Road between 1752 and 1778. Its Georgian core has been concealed by numerous extensions; by the 1940s the hospital was effectively a sprawling ‘small town’.<sup>1</sup> Little is known about its architect, Boulton Mainwaring, whose modest career caused George III to remark that he was merely ‘some tradesman’, and has fostered doubt that he could have been sole designer of the hospital. Research carried out for the Survey of London has clarified that Mainwaring played a pivotal role in securing a site and designing a new building, yet has also revealed that the London Hospital’s architectural history was shaped by a network of collaboration. The collaborative energy behind the scenes of great building projects is rarely glimpsed in

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<sup>1</sup> ‘The London Hospital – England’s Largest Voluntary Hospital’, 1930–40s postcard by the Aerial Photographic Co., London.

surviving records, and much less written about as a topic of interest. This account of the early history of the London Hospital analyses its first ambitious building project and recognises the multiple voices which guided it to completion, from the charity's surveyor, medical minds and governors to a charismatic bishop memorialised as an 'Institutor of Infirmaryes'.

## **Foundation**

The institution that was to become the Royal London Hospital was founded at a meeting in a Cheapside tavern on 23 September 1740, when seven men gathered to discuss plans for a new infirmary. The attendees were a mixture of medical practitioners and businessmen: Shute Adams and Richard Sclater were druggists, Josiah Cole an apothecary and John Harrison a surgeon, whilst Fotherley Baker, lawyer, John Snee, girdler, and George Potter were City merchants. At this meeting, the infirmary was formally established to join the rich thread of charitable hospitals in the capital. Whilst St Bartholomew's and St Thomas's had monastic origins and Guy's was founded by a wealthy benefactor, the new infirmary had its roots in the philanthropic interests of its founders. They shared a concern for the relief of sick merchant sailors and labourers in east London, where there was not yet a hospital. This new charity was funded by public subscription and received patients sent by its governors, as well as the sick poor who arrived without a recommendation.<sup>2</sup>

A short time elapsed between the foundation of the charity and the opening of its doors on 3 November 1740 as 'The London Infirmary', with about thirty beds for inpatients.<sup>3</sup>

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<sup>2</sup> The Royal London Hospital Archives (RLHA), RLHLH/A/2/1, p. 1; *The London Magazine*, Vol. 20 (May 1751), p. 236; The National Archives (TNA), PROB 11/808/506; TNA, PROB 11/884/265; A. E. Clark-Kennedy, *London Pride* (London, 1979), p. 15.

<sup>3</sup> The hospital was known as 'The London Infirmary' until c.1748, when it became known as 'The London Hospital'. Its current name, 'The Royal London Hospital', dates to 1990.

It was first based in Featherstone Street, Moorgate, where a five-year lease of a house was secured by Harrison.<sup>4</sup> Little is known about the house in Featherstone Street owing to the infirmary's brief tenure. Within six months of its establishment, the governors had decided that it was necessary to 'take a larger house in a more convenient situation'.<sup>5</sup> This was answered by a terraced house on the south side of Prescott Street in Goodman's Fields, closer to the dwellings of labourers and merchant sailors near the Port of London, and at a distance from any other hospital. The house stood on a site to the west of Magdalen Passage that is now occupied by the headquarters of the Royal College of Psychiatrists.<sup>6</sup> The infirmary moved to Prescott Street in May 1741 and opened with about forty beds. A shop was purchased in nearby Alie Street for an apothecary's store and in 1742, another house was taken in Prescott Street to isolate contagious patients.<sup>7</sup>

### **Plans for a future building**

By 1744 the expiration of the Prescott Street lease was looming and its renewal under consideration. Plans for a new building were sparked by Isaac Maddox, Bishop of Worcester, who was invited to deliver a sermon at the annual Anniversary Feast in 1744. Uncertainty surrounding the hospital's future in Prescott Street might have struck a chord with the bishop's philanthropic interests. From modest origins as an orphan, Maddox was raised by Dissenters who intended to apprentice their bookish ward to a pastry cook. Yet Maddox entered the Church, rising to become a prominent voice in support of charitable hospitals, including Worcester County Infirmary and the St Pancras Smallpox Hospital. He

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<sup>4</sup> The British Library (BL), *Account of the Rise, Progress and State of the London Infirmary* (1742), pp. 1–8.

<sup>5</sup> RLHA, RLHLH/A/2/1, pp. 15–18.

<sup>6</sup> Bridget Cherry, Charles O'Brien, Nikolaus Pevsner, *London 5: East* (London, 2005), p. 433.

<sup>7</sup> 'The London Hospital: Report of July 4, 1864', *Accounts and Papers of the House of Commons*, Vol. 41, p. 234; BL, *Account* (1742), p. 4; RLHA, RLHLH/A/2/1, pp. 21, 41.

is commemorated by a funerary monument in Worcester Cathedral which bears the epitaph, 'Institutor of Infirmaries'.<sup>8</sup> In his sermon, the bishop argued that the London Infirmary's house in Prescott Street was overcrowded and inadequate: 'admittance is impossible; the scanty building waits your necessary assistance to enlarge its bounds'. Although the governors had boasted a few years previously that the house was 'spacious', Maddox argued that more patients might be admitted and 'speedily cured, were the place of reception duly enlarged'.<sup>9</sup> This declaration spurred the charity into action and a donation of twenty pounds from the bishop was used to establish a building fund.<sup>10</sup>

Despite the birth of plans for a new building, it remained a distant aspiration due to the necessity of raising money. The pressing need for enlargement of the premises in Prescott Street was satisfied for the short term by an agreement with their landlord, Richard Alie (later known as Leman). The infirmary's house was re-leased for twenty-one years from Christmas 1744, along with three adjoining houses and a shed at the end of the garden. An extensive programme of improvements followed as the newly acquired houses were adapted for hospital use. By 1745 building activities at the infirmary's houses had reached such a tempo that the supervision of a surveyor was required. The hospital had formerly relied on its builder, Taylor Bates, and occasionally bricklayer Stephen Rogers, to produce plans, examine repairs and prepare estimates, in addition to performing building work. An

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<sup>8</sup> RLHA, RLHLH/A/2/1, p. 63; Colin Haydon, 'Maddox, Isaac (1697-1759)', *Oxford Dictionary of National Biography* (Oxford, 2004; online edn 2009); Worcester Cathedral Library & Archives blog (online: <http://worcestercathedrallibrary.blogspot.co.uk/2013/01/worcestershires-institutor-of.html>, accessed 25 August 2016).

<sup>9</sup> BL, *Account of the Rise, Progress and State of the London Infirmary* (London, 1743), p. 29; BL, Maddox, *The Duty and Advantage of Encouraging Public Infirmaries, Further Considered* (London, 1744), p. 14.

<sup>10</sup> RLHA, RLHLH/A/4/1, pp. 42-6; Clark-Kennedy, *The London: A Study in the Voluntary Hospital System*, Vol. 1 (London, 1962), p. 111.

application was made to Isaac Ware, who was probably judged to be a reliable choice due to his experience as architect of the conversion of Lanesborough House at Hyde Park Corner into St George's Hospital in the mid-1730s.<sup>11</sup> Ware consented to this honorary role in return for compensation for his travel expenses.

Despite Ware's appointment, improvements continued to be directed by the medical officers and a weekly House Committee. An inspection of the infirmary's houses by a group of governors, including surgeon Harrison, initiated plans to extend the hospital by repairing the shed in the garden. Bates was asked to prepare an estimate for Ware and an invitation to survey the work. Yet plans for a renovation were scrapped after it became apparent that the shed was too dilapidated to be salvaged. Ware was instructed to prepare designs for a new building to host a range of functions, including a waiting room, chapel, distillery, laboratory, mortuary and cold bath. The medical staff asked for an additional room for post-mortem examinations, which was approved.<sup>12</sup> Joel Johnson and Robert Taylor were contracted as partners for the building work, which was carried out in 1746–7.<sup>13</sup>

Despite the completion of the new building, the committee was troubled by reports that the cold bath was poorly finished and complaints from neighbouring residents about a leaking cesspool. Matters were complicated in June 1747 by the resignation of Ware, who judged it 'impossible' to continue as surveyor due to 'the distance of his abode, and the multiplicity of his other business'. The committee invited James Steer to take his place, perhaps hoping to benefit from his experience at Guy's Hospital, where he designed its east wing in 1738–9. Yet Steer's involvement was fleeting: like his predecessor, he was distracted

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<sup>11</sup> RLHA, RLHLH/A/5/1, pp. 226, 331–2; Howard Colvin, *A Biographical Dictionary of British Architects 1600–1840* (New Haven and London, 2008 edn), pp. 1087–90.

<sup>12</sup> RLHA, RLHLH/A/5/2, pp. 125, 127.

<sup>13</sup> RLHA, RLHLH/A/5/2, pp. 77, 109, 163.

from his post by 'business'.<sup>14</sup> Whilst the hospital had benefitted from the assistance of prominent architects with relevant experience, both were too busy with fee-paying work to commit to a responsibility which promised no financial reward.

The departures of Ware and Steer in quick succession left the House Committee grappling with shoddy building work, irritated neighbours, and the absence of a surveyor. The only recommendation for the vacancy was offered by a governor, Captain John Redman, who told the committee that Boulton Mainwaring would examine the troublesome cold bath 'on this occasion'.<sup>15</sup> Despite this hint of caution, Mainwaring's first appearance at Prescot Street was the beginning of a long career as hospital surveyor. By January 1748, he had been promised five guineas each year to compensate for his travel expenses and appointed a governor for 'so long time as he shall be pleased to continue as surveyor'.<sup>16</sup>

Mainwaring's career was not as glittering as those of his predecessors at the London Hospital. He was born in Audley, Staffordshire, c.1702 to Mary Boulton and Henry Mainwaring, a surgeon. In 1715, after his father's death, he was apprenticed to John Beech, a joiner based in the nearby village of Barthomley, Cheshire.<sup>17</sup> Apart from the impression that he would have benefitted from practical instruction during his apprenticeship, little is known about Mainwaring's early life. It is clear that he had migrated to London by 1729, when he was married at Holy Trinity, Minories.<sup>18</sup> Mainwaring's recorded activities were

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<sup>14</sup> RLHA, RLHLH/A/4/1, p. 155; RLHA, RLHLH/A/5/2, p. 234; 'Guy's Hospital', in *Survey of London: Volume 22, Bankside (The Parishes of St. Saviour and Christchurch Southwark)*, ed. Howard Roberts and Walter H. Godfrey (London, 1950), pp. 36–42.

<sup>15</sup> RLHA, RLHLH/A/4/1, p. 155.

<sup>16</sup> RLHA, RLHLH/A/5/2, p. 300.

<sup>17</sup> Colvin, pp. 672–3.

<sup>18</sup> London Metropolitan Archives (LMA), *Holy Trinity Minories, Register of Marriages, 1683–1686/7 and 1692–1754*, P69/TRI2/A/008/MS09243.

then concentrated in the capital: in the 1730s and 1740s he was a Commissioner for Land Tax in Bloomsbury, Shadwell and Wapping. He was also employed by Mrs Mary Bowry's Charity as a builder and surveyor for mariners' almshouses erected in open fields south of Bow Road c.1742–5.<sup>19</sup> Although Mainwaring's modest origins did not seem to concern the hospital's governors, they were deemed to have a relevance to the career of his son William Mainwaring, an MP for Middlesex, who was derided in political circles as the 'son of a bricklayer', and called the 'son of some tradesman' by George III.<sup>20</sup> Contrary to such backbiting, his father was a successful surveyor of good standing who practised in Bedford Row and served as Justice of the Peace for Middlesex. He was also architect of various additions to the French Hospital in Finsbury (including the rebuilding of the *petites maisons* for lunatics in 1752–4 and extensions of 1755–65).<sup>21</sup>

Mainwaring's readiness to undertake an unsalaried position at the London Hospital relates to a broader issue concerning the relationship between voluntary work and social status, which has been considered by Christine Stevenson in her book *Medicine and Magnificence* (2000).<sup>22</sup> It is well known that prominent architects, in addition to Ware and Steer, were willing to donate their services to London's hospitals. Christopher Wren demanded no fee at Greenwich, and neither did George Dance the Younger for his designs

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<sup>19</sup> LMA, *London Land Tax Records*, MS 6016/8, MS 6009/8, MS 6013/14; LMA, P93/DUN/343, 344, 352, 353; LMA, P69/TRI2/A/008/MS09243.

<sup>20</sup> Cited by Richard Brown, *The History of Parliament, The House of Commons 1754–1790*, ed. L. Namier and J. Brooke (London, 1964); Cited by A. Aspinall (ed.), *The Later Correspondence of George III: Volume IV, 1802–1807* (Cambridge, 1968), p. 440.

<sup>21</sup> Colvin, pp. 672–3; UCL Special Collections (UCL), Huguenot Library/H/F/1/1; UCL H/E/8/3/4, H/F/2/7–9.

<sup>22</sup> Christine Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660–1815* (New Haven and London, 2000), pp. 106–111.

for St Luke's building of 1782–6. James Gibbs was determined to receive no payment at St Bartholomew's, as also Theodore Jacobsen at the Foundling Hospital.<sup>23</sup> Mainwaring's honorary appointment follows a familiar pattern, in which he was bestowed with an invitation to become one of the charity's governors, a position viewed as a 'mark of distinction'.<sup>24</sup> Aside from the sense that voluntary work for a hospital would associate an architect with the virtues of charity, as Stevenson has written, there were rewards or 'dividends'.<sup>25</sup> Whilst a hospital governor was entitled to recommend patients for charitable relief, an ambitious architect may have perceived professional opportunities. By the circulation of pamphlets and prints, a hospital's designer could expect his talents to be publicized widely and to attract potential clients. The capital's grand hospitals were what Dana Arnold has termed 'some of the most important monuments in the urban landscape', with a prestige that gilded the reputations of their architects.<sup>26</sup> It is likely that Mainwaring's work at the French Hospital in 1752–65 stemmed from his connection with the London Hospital, with which it shared a physician. Even if Mainwaring did hope to elevate his social status through his affiliation with the London Hospital, he proved to be a loyal, diligent and energetic surveyor whose involvement spanned over twenty years. He played a pivotal role in the institution's history by securing the site for a new building and designing the hospital's first purpose-built home.

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<sup>23</sup> Dana Arnold, *The Spaces of the Hospital: Spatiality and Urban Change in London, 1680–1820* (London and New York, 2013), p. 28; Stevenson, p. 109.

<sup>24</sup> Stevenson, p. 108.

<sup>25</sup> Stevenson, pp. 106–7.

<sup>26</sup> Arnold, p. 5; Stevenson, p. 110.



## **The search for a site**

The aspiration of securing a permanent base for the hospital was not abandoned after the building works of 1746–7. Whilst conditions at Prescot Street had been improved, the House Committee anticipated that the houses would be ‘too old and ruinous to continue in longer’ within a few years. As Richard Leman had refused to grant a lease extension in 1746, it was clear that a move was inevitable. In November 1747 the committee reflected on the Bishop of Worcester’s sermon and launched a public appeal for funds towards ‘a building to perpetuate this noble charity, to be erected by the time the present lease expires’.<sup>27</sup> A sub-committee of governors was soon appointed to secure a suitable piece of ground.<sup>28</sup> The hospital required an extensive site on the east side of London, close to the dwellings of labourers and merchant sailors, yet also near to the City for the convenience of its physicians and surgeons, many of whom were engaged in private practice. Good air circulation was an additional concern and, for the infirmary’s medical staff, an absolute necessity. As Stevenson has observed, the principle that foul air was ‘a primary agent and sufficient cause of disease’ influenced eighteenth-century hospital planning, including the rebuilding of St Bartholomew’s and the siting of St George’s at Hyde Park Corner.<sup>29</sup> In common with the medical minds at these infirmaries, the London Hospital’s physicians and surgeons promoted the advantages of a spacious, airy location.

The search for a site had been launched hastily as it was reasoned that ‘convenient places’ were available which might not remain so for long.<sup>30</sup> Yet the governors did not encounter immediate success and the task was delegated to Mainwaring, who reported in June 1748 that the only suitable site was that ‘commonly known by the name of White

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<sup>27</sup> RLHA, RLHLH/A/5/2, pp. 284–5.

<sup>28</sup> RLHA, RLHLH/A/5/3, p. 43.

<sup>29</sup> Stevenson, pp. 129–31.

<sup>30</sup> RLHA, RLHLH/A/5/2, p. 291.

Chappel Mount and the Mount Field'.<sup>31</sup> Situated on the south side of Whitechapel Road, an arterial road which offered a direct route to and from the City, it was conveniently located for the hospital's medical staff. This location was also well-positioned to answer the charitable aims of the hospital, being near to the workplaces and dwellings of its nominal patients and remote from any other hospital. Another attraction was its 'airy situation', bounded by fields to the south which promised a salubrious environment (Fig.2).<sup>32</sup> The site was in the possession of Samuel Worrall, most likely the local carpenter and builder prominent in development in Spitalfields between 1720 and the 1750s.<sup>33</sup> Worrall held the land on a sixty-one year lease from the City, which in turn had agreed a 500-year lease with the Wentworth family that held the manor of Stepney. He offered to part with the site for £750, which would 'but just reimburse him the expenses [of] some new erections'.<sup>34</sup> Although Mainwaring anticipated that a longer term could be obtained easily with the City's agreement, he intended offering about £600 for the undeveloped part of the site.

In October 1748, reports circulated that the hospital had taken a piece of ground and was proceeding to erect a building. In fact, the matter was far from settled. The hospital was still haggling with Worrall, whose asking price was deemed unreasonably high, and considering other properties.<sup>35</sup> Many sites were dismissed immediately: plots in East Smithfield, Leadenhall Street and Houndsditch were too small, whilst fifteen acres in Bethnal Green were judged 'too far from the town' for the medical staff. A handful of sites warranted further investigation. In May 1749, hospital physician Dr John Andree joined a

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<sup>31</sup> RLHA, RLHLH/A/5/3, pp. 1-2.

<sup>32</sup> RLHA, RLHLH/A/5/3, p. 750.

<sup>33</sup> Colvin, p. 1150; 'The Wood-Michell estate: Princelet Street west of Brick Lane', in *Survey of London: Volume 27, Spitalfields and Mile End New Town*, ed. F. H. W. Sheppard (London, 1957), pp. 184-189.

<sup>34</sup> RLHA, RLHLH/A/5/3, pp. 1-2.

<sup>35</sup> RLHA, RLHLH/A/5/3, pp. 34, 43.

committee to consider whether London House in Aldersgate Street was suitable for conversion. An inspection of the property revealed that, 'although it appeared large enough for a hospital' and 'the rooms of a proper size', it 'was confined too much in point of air in the back part'.<sup>36</sup> Greater consideration was given to two pieces of ground in Whitechapel (aside from Worrall's land); one owned by Kingsford Venner and the other by a Mr Mason. Venner's ground, situated 'behind some old houses' on the north side of Whitechapel Road, was judged to be suitable if the houses could be acquired to secure a street frontage, but the committee was deterred by his high asking price. In June 1749 the hospital treasurer urged the committee to consider Mason's ground at the north-east end of Alie Street, Goodman's Fields. The site was initially praised for its 'airy' location, yet an inspection by the hospital's physicians revealed unsuitable proximity to a white lead house.<sup>37</sup>

With the situation still uncertain in August 1749, Worrall offered his land for the increased price of £800. That was received as 'very improper'. With no other options, an appeal was made to Lucy Alie, who had recently inherited Leman's estate, for the hospital to purchase the freehold of its premises in Prescott Street. Perhaps it was hoped that the new landlady might be sympathetic to the hospital's predicament, yet the scheme led nowhere and the committee returned to Worrall for a final time. In December 1749, the hospital agreed to his purchase price, with the condition that the City would grant the hospital its long-term copyhold.<sup>38</sup> Negotiations with the City were no less protracted. It was against regulations to form an agreement with an unincorporated body, yet the City was willing to come to an arrangement with a number of gentlemen acting on its behalf. It was only prepared to part permanently with the field lying east of Whitechapel Mount. Fortunately, five governors (including Mainwaring and physician Dr James Hibbins) came forward and

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<sup>36</sup> RLHA, RLHLH/A/5/3, pp. 107–8.

<sup>37</sup> RLHA, RLHLH/A/5/3, pp. 34, 61, 118, 126.

<sup>38</sup> RLHA, RLHLH/A/5/3, pp. 142, 185, 190.

by July 1750, they had agreed to acquire the City's interest in Mount Field for the remainder of its lease. With this agreement, the governors had secured what was proudly proclaimed an 'airy and convenient place' for a 'proper building'.<sup>39</sup>

### **Designs for a new building**

One of the earliest references in the House Committee's minute books to a design for a new building dates to December 1747, when efforts were first launched to find a site. The House Committee agreed that a plan for a prospective building should be commissioned after a site was acquired, and circulated to 'convince the world that there is nothing ostentatious, sumptuous or unnecessary intended'. It was noted that this scheme had been successful at other hospitals (namely Bath, Bristol, Exeter and Shrewsbury) and would 'hasten the execution and completion' of the new building by attracting donations.<sup>40</sup> From the outset, it was clear that the committee thought that an extravagant design could discourage support and that it was important for a charity to display austerity and economy.<sup>41</sup>

Yet the virtues of the plain and practical failed to win their way onto richly illustrated invitations to the hospital's anniversary sermons. The invitation circulated in 1746 displayed an uncharacteristic extravagance towards architecture (Fig.3). The hospital was imagined as a grandiose Temple of Asclepius with miraculous restorative powers: on the left side of the drawing, the sick are assisted into the building with walking sticks, carts and stretchers, and emerge cured on the right to give thanks to the charity's governors. The central cartouche was flanked by a personification of Charity and a figure holding the City

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<sup>39</sup> RLHA, RLHLH/A/5/3, pp. 219–21, 227, 750.

<sup>40</sup> RLHA, RLHLH/A/5/2, p. 291.

<sup>41</sup> Stevenson has written extensively about concerns over architectural luxury in eighteenth-century hospital design.

of London's armorial shield.<sup>42</sup> These allegorical figures neatly represented the values of the hospital and its patrons: the pure, caring and religious feelings behind charitable giving, and the civic good emerging from an urban hospital that restored people into the capital, healthy and ready to work. This symbolism echoed the sentiment of the hospital's pamphlets, which advertised its public utility by declaring that 'manufacturers and seamen are the chief support of both our foreign and domestic trade', and 'the strength and security of Great Britain' relied on its naval prowess.<sup>43</sup> The Latin inscriptions indicate that the hospital regarded the invitees as men and women of learning, culture and religion. Considered as a whole, these elements were conceived to flatter and persuade prospective donors to contribute to a useful charity that, by divine will and the kind assistance of noble benefactors, supported a healthy, strong and rich capital.

Practical advances towards acquiring plans for a new building were deferred until May 1751, after the Whitechapel Road site was finally secured. There is no record of an overarching specification for the design, yet the House Committee's minute books provide a glimpse of the instructions given to Mainwaring and the plans considered. Mainwaring was first asked to design a building for 200 patients, with provision for future enlargement. Five plans were presented to the committee, which selected two (Nos 2 and 3) for further consideration. No drawings for the designs survive, but it is recorded that one of the selected plans would accommodate 198 patients in each wing with a total capacity of 396, whereas the other would accommodate 366 patients. Mainwaring was instructed to consult with the hospital's medical staff for advice, particularly in relation to room height, and to

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<sup>42</sup> Denis Gibbs, *Emblems, Tokens and Tickets of the London Hospital and the London Hospital Medical College* (London, 1985), pp. 16–7.

<sup>43</sup> BL, *Account* (1742), pp. 2–3. Stevenson's discussion of an interest amongst contemporary pamphleteers in promoting the merits of a working population provides a valuable context to the literature circulated by the London Hospital, p. 22.

prepare estimates. Yet these plans were abandoned: the committee decided that their projected expense was excessive and that a smaller building 'might be sufficient for the present'. Mainwaring was asked to draw up a plan 'as near as he could' to Plan No. 2, for a hospital for 200 patients that could be extended in the future, along with estimates for the building with, and without, ornament. Revised designs (Nos 6 and 7) for a building for 312 patients were considered in September and Plan No. 6, 'without the ornaments', approved.<sup>44</sup>

The chosen plan, which was abandoned after eight weeks, was for a hospital composed of three detached ranges with a wing for 'proper offices' and two ward wings linked by colonnades. Whilst no drawings survive, its basic form recalls precedents at Greenwich, St Bartholomew's and the Foundling Hospital. Wren's unexecuted designs for Greenwich of 1694–1700, widely publicised in prints (including one published as late as 1728 in John Bowles's catalogue), depicted a boulevard of detached ward blocks screened by Doric colonnades.<sup>45</sup> Mainwaring might also have been influenced by Gibbs's designs c.1730 for the rebuilding of St Bartholomew's as four separate blocks, or the Foundling Hospital, built to designs by Jacobsen in 1742–54. The main hospital buildings there were planned as three detached ranges enclosing a central courtyard.<sup>46</sup> The clear division of functions between an administrative range with chapel and ward wings in Mainwaring's unexecuted plan suggests the form of nearby almshouses, such as Trinity Hospital (Fig.4) and Bancroft's Almshouses, both in Mile End, composed of central chapels flanked by dwellings. Although they were built on a modest scale, it was a configuration that the charity's governors and Mainwaring, employed at Mary Bowry's Almshouses in the 1740s, might have recognised.

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<sup>44</sup> RLHA, RLHLH/A/4/2, p. 146; RLHA, RLHLH/A/5/4, pp. 13, 27, 34, 39.

<sup>45</sup> RLHA, RLHLH/A/4/2, pp. 146–7, 154–6; Stevenson, p. 79.

<sup>46</sup> John Summerson, *Georgian London* (New Haven and London, edn. 2003), p.118; Stevenson, p. 176; 'The Foundling Hospital', in *Survey of London: Volume 24, the Parish of St Pancras Part 4: King's Cross Neighbourhood*, ed. Walter H. Godfrey and W. McB. Marcham (London, 1952), pp. 10–24.

There is no record of the practical merits of dividing the new building into distinct blocks, yet it is likely that they overlapped with the reasons cited at its precedents. Gibbs explained that St Bartholomew's was designed to guard against the spread of fire, and it has been suggested that the promise of good ventilation around the blocks may have been another attraction.<sup>47</sup> The arrangement of detached blocks was also well-suited to constructing a building in stages as funds became available, and would enable medical staff to isolate contagious patients effectively.

Whatever the projected advantages of Plan No. 6, by October 1751 it had been reconsidered 'under the several heads of accommodation, convenience, durableness, and expense', and declared 'capable of great improvements'. Mainwaring was recalled from examining the site for foundations to prepare a new design. His next plan (No. 8) proposed a single building with attached wings (Fig.5), which was judged to be superior on each of the four points. Firstly, the hospital's capacity was increased to 350 patients. Secondly, the arrangement was considered to be more convenient for patients and staff, with south-facing wards (deemed the best aspect for patients) and protection from weather conditions and dust from Whitechapel Road. Thirdly, it was argued that a continuous building would be 'in its nature stronger and more lasting, than the same quantity divided into three'. The fourth reason in favour of the plan was financial; its reduced floor area represented better value for money and the design saved the expense of colonnades. This new plan was swiftly approved and Mainwaring appointed as surveyor to manage its construction.<sup>48</sup>

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<sup>47</sup> Stevenson, pp. 129–31.

<sup>48</sup> RLHA, RLHLH/A/5/4, p. 48; RLHA, RLHLH/A/4/2, pp. 154–5.

### **The chosen design and its architect**

The final plan was publicised in a famous engraving by John Tinney of Fleet Street (Fig.6), commissioned to be executed with 'all expedition' to attract donations.<sup>49</sup> The principal front of the hospital facing Whitechapel Road was to have a plain, symmetrical façade of twenty-three bays with a projecting centre capped by a pediment. With ornament on the exterior restricted to a central Doric porch, a dentil cornice and stone doorcases at the side entrances, the main elevation was modest yet dignified in character. Tinney's engraving also presented plans for the ground and first floors. The new building had a U-shaped plan composed of a central three-storey block with two rear wings, east and west (Fig.7). The main block contained a central spine corridor and two large wards positioned on the south side of each floor. The wards were serviced by lobbies containing sinks, privies and nurses' rooms. On the ground floor, the north side of the central block was occupied by offices for the apothecary, physicians, nurses and stewards. The first floor boasted a large court room at its centre, flanked by offices for the surgeons, matron and secretary. The rear wings, identical in plan, contained back-to-back wards separated by spine walls with central fireplaces, an arrangement similar to the ward blocks at St Bartholomew's. The provision of ward lobbies with nurses' rooms may also have been influenced by Gibbs,<sup>50</sup> yet their position between the central block and the wards also recalls William Adam's design of 1738 for Edinburgh Infirmary.

Some writers have in the past expressed an anxiety over attributing the chosen design of the hospital to Mainwaring. It is possible to discard the suspicion that Mainwaring might only have acted as surveyor, as records demonstrate that he was asked to invent and revise plans, including the final iteration. It has been suggested that Mainwaring's design was based on drawings for an infirmary by Ware, and in turn that these drawings might

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<sup>49</sup> RLHA, RLHLH/A/5/4, p. 77.

<sup>50</sup> Stevenson, pp. 145-6.



even have been intended for the London Hospital (Figs.8–9).<sup>51</sup> The two drawings in question belong to a bundle of miscellaneous drawings by Ware in the Avery Architectural and Fine Arts Library. They depict alternative designs for the west front of a ‘propos’d infirmary’; the first of twenty-five bays and the other of twenty-one bays. The drawings are undated with brief, uninformative titles which suggest they were not circulated widely. Both depict plain elevations, each with rustication at ground level and a projecting centre capped with an attic storey and a pediment. Whilst there are clear similarities with the austere front of the London Hospital, a number of reasons can be given for discounting a direct link.

The first cause for doubt is that Ware’s association with the charity ended four years before May 1751, when the House Committee was prepared to commission designs for a new hospital. During his tenure as surveyor, Ware was occupied with improving the infirmary’s houses in Prescott Street rather than grand schemes for the future. Secondly, it is unlikely that the London Hospital would have commissioned plans for a building with a west front, either at Prescott Street or Whitechapel Road. In both locations, a west front would have denied the infirmary a prominent street frontage; a factor judged to be critical in the search for a site.<sup>52</sup> The main elevation provided valuable space to promote the institution’s charitable status and attract donations: the infirmary’s houses in Prescott Street were embellished with ‘large capital letters on the fascia’ that read ‘The London Infirmary Supported by Voluntary Contributions begun November the 3<sup>rd</sup>, 1740’.<sup>53</sup>

The number and type of patients labelled on Ware’s drawings are also inconsistent with the capacity required for the London Hospital. Mainwaring was first asked to accommodate 200 patients – fifty more than the largest of Ware’s ‘propos’d infirmaries’ –

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<sup>51</sup> John Harris, *A Catalogue of British Drawings for Architecture, Decoration, Sculpture and Landscape Gardening 1550–1900*, in *American Collections* (New Jersey, 1971), pp. 267–9.

<sup>52</sup> RLHA, RLHLH/A/5/3, p. 61.

<sup>53</sup> RLHA, RLHLH/A/5/1, p. 319.

and the chosen design promised room for 350 patients after the completion of the rear wings. Ware's drawings indicate that the prospective infirmary would accommodate a physician, a surgeon and men, and that the larger would include room for nurses. In contrast, the London Hospital treated men, women and children, and its physicians and surgeons did not reside in the infirmary's building.

The sum of this evidence suggests that Ware's drawings were not produced for the London Hospital, but for a different infirmary. It is unlikely that the drawings were linked to Ware's work at St George's as it also admitted men and women, but it is possible that they were provisional designs for the Royal Hospital for Seamen in Greenwich. In 1743 the institution's physician and surgeon campaigned for a purpose-built detached infirmary to accommodate sick and wounded pensioners.<sup>54</sup> The infirmary was delayed for a number of reasons, yet the building that was eventually erected in the 1760s to James Stuart's design contained accommodation for infirm men, and the physician, surgeon and matron.<sup>55</sup> The similarities between Ware's drawings and the specification for the Royal Hospital for Seamen are not restricted to an overlap in function: the austerity of Ware's elevations chimes with the need for a utilitarian, economical design at Greenwich, where funds were scarce in the 1740s. Whilst further research is needed to establish the origins of Ware's drawings, it is clear that they are not related to the London Hospital's building project.

### **Construction and craftsmen, 1752-78**

Once plans for the London Hospital's new building were finalised in December 1751, efforts were turned to its construction. The foundation stone was laid on 11 June 1752 and by

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<sup>54</sup> J. A. Bold, *Greenwich: An Architectural History of the Royal Hospital for Seamen and the Queen's House* (New Haven and London, 2000), pp. 207-214.

<sup>55</sup> Bold, p. 210.

December the foundations of the central block and rear wings were finished.<sup>56</sup> Progress was swift, yet it seems that at this point the building committee felt that it would be too risky to attempt the entire building in a single phase. Mainwaring was asked to prepare separate estimates for finishing the central block and its wings; contracts were duly advertised for completing only the central block. Whilst the committee had decided to build the hospital in stages, it is unusual that this strategy was not adopted from the outset as it was common for hospital wings to be constructed gradually as funds allowed.<sup>57</sup>

In 1753 Edward Gray was hired as bricklayer, Joseph Clark as carpenter and Sanders Oliver as mason. It is not entirely clear, though it does seem likely, that this was the same Gray who was employed to build the Middlesex Hospital in 1755–7.<sup>58</sup> He was later involved in speculative developments across the capital and by the 1760s had established himself as Robert Taylor’s ‘usual builder’.<sup>59</sup> Oliver was a craftsman of good standing whose involvement with the hospital spanned at least twenty-five years; by the 1770s, he was hospital mason.<sup>60</sup> Prior to his work at the hospital, Oliver was contracted as mason for the rebuilding of St John Hampstead (1745–7); he later demolished Bishopsgate (1760), worked for Joel Johnson at St George’s Lutheran Church in Whitechapel (1764–6), and carried out decorative stonework at the Scotch Meeting House in London Wall (1767). Oliver was also a sculptor of funerary monuments, several of which survive in St Mary Abchurch, St Stephen Walbrook, St Mary Lewisham and Mayfield in Sussex. Based from a workshop in Cannon

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<sup>56</sup> RLHA, RLHLH/A/5/4, pp. 82, 106; *The Gentleman’s Magazine*, Vol. XXII, p. 285.

<sup>57</sup> RLHA, RLHLH/A/5/4, pp. 168, 190, 199–200.

<sup>58</sup> *Survey of London: Volumes 51 and 52, South-East Marylebone* (forthcoming).

<sup>59</sup> Peter Guillery, *The Small House in Eighteenth-Century London* (New Haven and London, 2004), p. 184.

<sup>60</sup> RLHA, RLHLH/1/5/9, p. 89.

Street in 1741–1786, he died a ‘gentleman’ in Leyton, Essex.<sup>61</sup> Clark was apparently less reputable; he was prosecuted for assaulting a workman during the course of his contract with the hospital, which was not renewed.<sup>62</sup>

The only serious and recurring obstacle to progress was cash flow. In March 1754, work came to a halt due to a desperate lack of funds and was not resumed until the following year.<sup>63</sup> Contracts for finishing the central block in 1755 saw Gray and Oliver continue, with the appointment of Johnson as carpenter and joiner, despite the debacle over shoddy workmanship at Prescott Street.<sup>64</sup> By this time Johnson was a familiar figure in the local building trade and operated from a large workshop in Whitechapel; he might have lived in Whitechurch Lane, where he had property.<sup>65</sup>

Building works progressed steadily under these tradesmen and, although they continued until 1759, the hospital moved into the central block in Autumn 1757 and relinquished the Prescott Street lease immediately. The completion of the central block of the new building successfully brought together all of the hospital’s activities under a single roof, with room at first for 130 patients.<sup>66</sup> The allocation of rooms did not differ from Mainwaring’s plan and, in their decoration, they were as unadorned as the exterior. The

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<sup>61</sup> LMA, P81/JN1/259; PMSA National Recording Project, CLCOL/x37; Ingrid Roscoe, Emma Hardy and M. G. Sullivan (eds.), *A Biographical Dictionary of Sculptors in Britain 1660–1851* (New Haven and London, 2009), pp. 925–6; Simon Bradley and Nikolaus Pevsner, *London: The City Churches* (London, 1998), pp. 104–6, 126–130; TNA, PROB 11/1166/146.

<sup>62</sup> RLHA, RLHLH/A/5/4, p. 264.

<sup>63</sup> RLHA, RLHLH/A/5/4, p. 304.

<sup>64</sup> RLHA, RLHLH/A/5/5, p. 79.

<sup>65</sup> Colvin, pp. 577–8; Information from Peter Guillery.

<sup>66</sup> RLHA, RLHLH/A/5/5, p. 229; RLHA, RLHLH/A/22/1, *Sermon preached at St Lawrence Jewry on 28 March 1765*, p. 1.

cellar storey comprised a long passage leading to stores, laundries and wash houses. The south-facing wards of the central block had large stone chimneypieces and were furnished with plain wooden bedsteads. A handful of rooms, including the General Court Room, Committee Room and offices for medical staff, were afforded the luxury of wainscoting. A surgery, a bleeding room and a cold bath were positioned on the ground floor, and an operating theatre in the attic.

Plans to build the proposed side wings rested until 1770, when the hospital benefitted from a significant legacy. Despite this boon to its finances, the newly reinstated building committee proceeded cautiously: Mainwaring was asked to prepare a plan and estimate for a single wing to be built on the foundations already laid.<sup>67</sup> His plan for the east wing, approved by the medical officers, conformed to the original design for identical three-storey wings of six bays, with paired wards on each floor and a basement level. In 1771 Thomas Langley was employed as carpenter, Thomas Barnes as bricklayer and Isaac Ashton as mason. It is plausible that Langley was the partner to whom Johnson left the carpentry side of his business after his sidestep into practising as an architect in the 1760s.<sup>68</sup> Barnes was a local tradesman who was the hospital's bricklayer in the 1780s and became a familiar developer on the London Hospital Estate. By the beginning of the nineteenth century, it seems that he had risen to some prominence in Whitechapel and Stepney; by then he was styled 'Esquire' and served on the hospital's building committee. It is likely that Barnes belonged to the well-known family of local developers (responsible later for the aptly named Senrab Street); he possessed freehold and leasehold property when he died in Barnes Place, Mile End, in 1818.<sup>69</sup> Ashton is a comparatively obscure figure who practised as a builder and

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<sup>67</sup> RLHA, RLHLH/A/5/8, p. 222; TNA, PROB 11/945/422.

<sup>68</sup> Colvin, pp. 577–8; Peter Guillery, 'St George's Lutheran Church', English Heritage Religion and Place Project.

<sup>69</sup> TNA, PROB/11/1610/115.

surveyor; in the 1780s, he was a builder at the Royal Arsenal in Greenwich and had an apprentice, William Inwood, probably the architect who went on to design St Pancras Old Church.<sup>70</sup>

As work on the east wing commenced, Mainwaring warned that he was struggling to perform his duties, particularly 'the constant attendance on the workmen requisite', due to the distance of his home.<sup>71</sup> He promised to attend as frequently as possible and recommended that Edward Hawkins, a local builder on the Leman Estate in Goodman's Fields, should act as surveyor in his absence.<sup>72</sup> Yet poor health intervened and at the end of the year, at the age of sixty-nine, Mainwaring resigned.<sup>73</sup> Hawkins took over the reins and the building works progressed steadily. In 1772 contracts were arranged for workmen to finish the east wing: a plasterer, glazier and painter were engaged and Langley continued as carpenter.<sup>74</sup> By the following spring, the completion of the east wing was in sight: advertisements were circulated for a contractor to furnish it with ninety beds. There was even enough optimism for the hospital to assemble a building committee to manage construction of the west wing.<sup>75</sup> This task represented a recital of the works performed at the east wing and an advertisement for workmen attracted more local craftsmen. John Langley, possibly a relative and partner of Thomas Langley, was appointed as carpenter, Charles Parnell as bricklayer and William Drouet, who was paid for work on the east wing, as

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<sup>70</sup> TNA, IR1/33, 10 February 1787; *Survey of London: Volume 48, Woolwich*, ed. Peter Guillery (New Haven and London, 2012), p. 147.

<sup>71</sup> RLHA, RLHLH/A/5/8, p. 302.

<sup>72</sup> Cherry, O'Brien and Pevsner, p. 432.

<sup>73</sup> TNA, PROB 11/1062; Colvin, pp. 672–3.

<sup>74</sup> RLHA, RLHLH/A/5/8, p. 352.

<sup>75</sup> RLHA, RLHLH/A/5/9, pp. 74, 78.

mason. Parnell was based in Aldgate and Drouet may have been a relation of the Druit or Drewett family of stone carvers in Goodman's Fields.<sup>76</sup>

The building project commenced and, for over a year, workmen were employed in unison on both wings. This ambitious strategy soon faltered under financial pressure. In 1774, an appeal for donations revealed that the completion of the east wing and shell of the west wing had depleted the building fund, leaving a shortfall of cash to pay the workmen and a deficiency of almost £900. Despite these financial straits, work trundled forward. A plea for public support was successful and in the next year, the building committee reported that its fund contained over £1,000 for finishing the west wing. This news prompted a flurry of activity: Langley was contracted to finish the joinery and George Wellings to start plastering the interior. In the ensuing months, Parnell and Oliver were paid for brickwork and masonry. By December 1777, the west wing was largely finished and work concluded in the following year.<sup>77</sup>

The completion of the west wing in 1778 signified the realisation of Mainwaring's design for the London Hospital's first purpose-built home. At this point in its history, the hospital overlooked Whitechapel Road from its position east of Whitechapel Mount and was bounded by open fields to the south (Fig.10). The charity circulated pamphlets which boasted of its convenient location close to the shipping activities of the port and Spitalfields, a nucleus for manufacturing, as well as the health benefits of its 'airy situation'. A patients' garden was nestled between the ward wings and a kitchen garden cultivated from waste ground at the west. With eighteen wards fitted up with about 215 beds, the new building offered a permanent base from which the charity could intensify its work. By 1786 the hospital had treated nearly 450,000 patients since its modest beginnings, founded a medical

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<sup>76</sup> RLHA, RLHLH/A/5/9, p. 74; Roscoe, Hardy and Sullivan, p. 378.

<sup>77</sup> RLHA, RLHLH/A/5/9, pp. 159, 164, 235.

college, and cemented its status as an institution of critical value to working families in east London.<sup>78</sup>

## Conclusion

The story of the London Hospital's first significant building project is one of collaboration, thrift and tenacity. The provision of a purpose-built charitable hospital in east London was guided by many hands over thirty-four years, beginning with the Bishop of Worcester's bold declaration in 1744. After fleeting appearances from Ware and Steer, Mainwaring played a pivotal role in the charity's history by securing a site and designing a purpose-built hospital. It is now clear that Ware was not involved in designs for the London Hospital's new building, yet further research remains to be done to discover the origins of his undated drawings for a 'propos'd infirmary'. The final design for the new hospital was not the work of an architect operating in isolation; Mainwaring's efforts were supported by a multitude of voices. Practical decisions concerning the location, design and plan of the hospital were supported by the advice of its physicians and surgeons, who played an active role. The medical staff promoted the importance of a healthy environment with good air circulation, visited available properties, and offered guidance on matters such as room height. The governors' notion that it was 'proper' for a charity to display frugality and thrift guided the adoption of an austere design 'without ornament', and it is evident that the hospital's fluctuating financial state led to piecemeal construction by a local network of builders and craftsmen. Arguably, the most striking characteristic that can be drawn from the hospital's records is the collaboration between the charity's founders, medical staff and surveyor, who together propelled the London Hospital from its foundation in a Cheapside tavern to 'a proper building' in Whitechapel.

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<sup>78</sup> RLHA, RLHLH/A/22/1, *Account of the Rise, Progress and State of the London Hospital* (London, 1782), p. 1; *General State of the London Hospital in 1786* (London, 1787), p. 1.



## Acknowledgements

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